

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	IHEANYI D. OKOROAFOR		COURT CASE NUMBER	05-30184 KPN
DEFENDANT	Dept. of Mental Health et al.		TYPE OF PROCESS	
SERVE ➡ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDITION			
	BRIAN DEVIN			
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	600 Washington Street, Boston, MA 02111			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	
IHEANYI D. OKOROAFOR 58 NORTH PROSPECT STREET AMHERST, MA 01002			Number of parties to be served in this case	2
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

LABOR RELATIONS
EOHHS, OFFICE OF HEALTH
600 WASHINGTON ST., 2nd Floor
Boston, MA 02111

Signature of Attorney or other Originator requesting service on behalf of:

IOkorofor

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(413) 256 4176

DATE

8/11/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 38

District to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

David W. Kelly

Date

9/14/05

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Theresa Harkin

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

10/4/05

Time

9:05

am

pm

Signature of U.S. Marshal or Deputy

Joseph P. Bork

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
45.00			45.00			

REMARKS:

Mailed for leave, USM Boston - 9/12/05. JH

United States District Court

DISTRICT OF

Iheanyi D. Choroafor SUMMONS IN A CIVIL CASE
v. CASE NUMBER: 05-30184-KPN
Dept. of Mental Health

TO: (Name and address of defendant)

Brian Devin
EOHHS
600 Washington Street, 2nd Floor
Boston, MA 02111

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

Mary Jane

(BY) DEPUTY CLERK

DATE

8/12/05

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF IHEANYI D. OKOROAFOR		COURT CASE NUMBER 05-30184-KPN	
DEFENDANT DEPT. OF MENTAL HEALTH et al.		TYPE OF PROCESS	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ELAINE HILL, Area Director		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Central Mass. Dept. of Mental Health, 305 Belmont St.		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
<input type="checkbox"/> IHEANYI D. OKOROAFOR 58 North Prospect Street Amherst, MA 01002		Number of parties to be served in this case	2
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service):

Area Office of Dept. of Mental Health
Worcester State Hospital
305 Belmont Street
Worcester, MA 01604

Signature of Attorney or other Originator requesting service on behalf of:

SD Okoroafor

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(413) 256 4176

DATE

8/11/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 3A	District to Serve No. 3A	Signature of Authorized USMS Deputy or Clerk <i>Paul W. Hall</i>	Date 8/23/05
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service
9/22/05

Time
1330 (pm)

Signature of U.S. Marshal or Deputy

Cynthia Delacruz

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

Mailed for service, USM Boston - 9/12/05. PA
Process forward to Worcester office 9/16/05-AT

United States District Court

DISTRICT OF

Iheanyi D. Okoroafor

SUMMONS IN A CIVIL CASE

v.

CASE NUMBER: 05-30184-KPN

Elaine Hill, Dept. of Mental Health

TO: (Name and address of defendant)

Elaine Hill
305 Belmont Street
Worcester, MA 01604

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

Mary Ann

(BY) DEPUTY CLERK

DATE

8/12/05

AO 440 (Rev. 10/93) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹	DATE <u>9-22-05</u>
NAME OF SERVER (PRINT) <u>Cynthia DeLaure-Bohn</u>	TITLE <u>Deputy U.S. Marshal</u>
Check one box below to indicate appropriate method of service	
<input checked="" type="checkbox"/> Served personally upon the defendant. Place where served: <u>305 Belmont St.</u> <u>Worcester, MA</u>	
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____	
<input type="checkbox"/> Returned unexecuted: _____	
<input type="checkbox"/> Other (specify): _____	

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 9-26-05 Cynthia DeLaure-Bohn
Date Signature of Server

~~UNITED STATES MARSHALS SERVICE~~
~~Address of Server~~
HAROLD D. DONOHUE FEDERAL BLDG.
595 MAIN STREET
WORCESTER, MA 01608

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.